



**2004 LIMITED LIABILITY COMPANY
ANNUAL REPORT**

FILED
Feb 19, 2004 08:00 AM
Secretary of State

DOCUMENT # L02000000874 1. Entity Name PMC SERVICES, LLC	
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Principal Place of Business 1893 KINGSLEY AVE SUITE C ORANGE PARK, FL 32073	Mailing Address 1893 KINGSLEY AVE SUITE C ORANGE PARK, FL 32073
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DO NOT WRITE IN THIS SPACE



01152004 No Chg-LLC CR2E083 (10/03)

4. FEI Number 04-3596257	Applied For Not Applicable
5. Certificate of Status Desired <input type="checkbox"/>	\$5.00 Additional Fee Required

6. Name and Address of Current Registered Agent

AKEL, EDWARD C
ONE INDEPENDENT DR
SUITE 2301
JACKSONVILLE, FL 32202

**DO NOT WRITE
IN THIS SPACE**

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida. I am familiar with, and accept the obligations of registered agent.

SIGNATURE _____ DATE _____
Signature, typed or printed name of registered agent and title if applicable. (NOTE: Registered Agent signature required when reinstating)

**Filing Fee is \$50.00
Due by May 1, 2004**

U000000057328
02/19/04-80057-007 50.00

9. MANAGING MEMBERS/MANAGERS	
TITLE NAME STREET ADDRESS CITY - ST - ZIP	MGR MILLSTONE, STUART Z M.D. 1893 KINGSLEY AVE SUITE C ORANGE PARK, FL 32073
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11. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(f), Florida Statutes. I further certify that the information indicated on this report is true and accurate and that my signature shall have the same legal effect as if made under oath, that I am a managing member or manager of the limited liability company or the receiver or trustee empowered to execute this report as required by Chapter 608, Florida Statutes.

SIGNATURE: *Stuart Z. Millstone* **2-13-04**

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING MANAGING MEMBER, OR AUTHORIZED REPRESENTATIVE

Date Daytime Phone #